

Health Department and
Community Health Center

Dale W. Galassie, M.A., M.S.
Executive Director

Environmental Health Services
121 East Grand Avenue
Lake Villa, Illinois 60046-7829
Phone 847 356 6222
Fax 847 356 3606



January 20, 2005

Sevenson Environmental Services Inc.
8270 Whitcomb St.
Merrillville, Indiana 46410

Re: A/P 134075
PIN# 08-22-100-064
Waukegan Gas and Coke Plant Site
Waukegan, IL 60085
OMC MW-1

Rec'd CRA
JAN 31 2005

Dear Steve Sharp:

The Lake County Health Department has received and reviewed your letter outlining the well monitoring abandonment procedure. This Department has no objection to have this well sealed in the manner in which you have described.

Please notify this Department within 48 hrs. prior to sealing the well. We appreciate your cooperation and if you have any questions concerning this matter please contact me at (847) 356-6222 and refer to A/P 134075.

Sincerely,

Arnie Rapa, R.S.
Registered Sanitarian

AR:rd



8270 Whitcomb Street
Merrillville, IN 46410
(219) 756-4686

PLEASE BE ADVISED:

THESE ARE BEING TRANSMITTED AS INDICATED BELOW:

COMMENTS:

Document1

CURTIS
ATTN: ~~XXXXXX~~DAILY FIELD REPORT
TERRA-TRACE Environmental Services

Project No.: 25-0008 Meet at site: Date: Weds. Jan. 12, 2004 Time: 8:00 a.m.

Project Name: OMC Superfund Site Well Abandonment

Client: Steve Sharp - Severson Env.

Phone No.: (219)756-4686

Site Address: 180 Seahorse Dr. - Waukegan, IL

Directions to site: (see map)

Arrive on site: 0800 Leave Site: 4:00 Total hours on site: 8 hrs

OMC-MW Well #1 ~~OMC-MW~~ Dia.: 1 1/4" in. Depth: 45 ft. Depth to water: 21' ft. Cover: Flush/stick up 1.5 gal

OMC-MW2 Well #2 ~~OMC-MW~~ Dia.: 2" in. Depth: 12.5 ft. Depth to water: 24' ft. Cover: Flush/stick up 2.5 gal

MW-93 Well #3 ~~MW-93~~ Dia.: 2" in. Depth: 15 ft. Depth to water: 7 ft. Cover: Flush/stick up 4 gal

MW-90 Well #4 ~~MW-90~~ Dia.: 2" in. Depth: 34 ft. Depth to water: 9 ft. Cover: Flush/stick up 7 gal

EW-4 Well #5 ~~EW-4~~ Dia.: 2" in. Depth: 32.5 ft. Depth to water: 6' ft. Cover: Flush/stick up 7 gal

MW-10 Well #6 ~~MW-10~~ Dia.: 2" in. Depth: 29.5 ft. Depth to water: 8' ft. Cover: Flush/stick up 6.5 gal

MW-15 Well #7 ~~MW-15~~ Dia.: 2" in. Depth: 19.5 ft. Depth to water: 8' ft. Cover: Flush/stick up 4 gal

WN-3 Well cluster: #1 15.5 ft. #2 32.5 ft. #3 26.5 ft. #4 29.5 ft. #5 22 ft. Cover: Flush/stick up 4 gal

Depth to water: #1 6 ft. #2 ft. #3 ft. #4 ft. #5 ft.

Client Approval: C. Taylor

Date: 1/12/05

TERRA-TRACE

Representative: [Signature]

Date: 1/12/05

WELL SEALING FORM

Lake County Health Department
Environmental Health ServicesLake County
Health Department3018 Grand Ave
Waukegan IL 60085
(847) 360-6740121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222113 S. Main Street
Wauconda IL 60084
(847) 526-1125

For Office Use Only

File # _____

State ID # _____

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location:

Well # (if applicable) OMC-MW-1

Street 180 SEAHORSE DR. City WAUKEGAN
 Township 45th County LAKE Owner OMC SUPERFUND SITE
 Section 22 Twp. 45 (N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:

Type of Well: Drilled ☒ Driven _____ Dug _____ Other _____
 Total Well depth: 8 ft. Static level 4.0 ft. Diameter: 1.5 (in.)
 Formation clear of obstruction(s)? YES _____ NO ☒ Depth to obstruction: 4.5 ft.
 Original construction permit number (if known): _____ Depth to end of casing: 8.0 ft.
 Reason(s) for sealing well: BROKEN AT SCREEN / EXCAVATION TO REMEDIATE SOIL
 Upper 2 feet of casing/lining removed? YES ☒ NO _____ If NO, Reason: _____
 Was the well located in pit? YES _____ NO ☒ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO ☒

From:	To:	Material:
<u>8</u> ft.	<u>0</u> ft.	<u>NEAT CEMENT GRANT</u>
_____ ft.	_____ ft.	<u>1.5 gal</u>
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____

Contractor Information:

Name: TBODA-TRACE ENV. SVCS

License Number: _____

Address: 28913 HERBY DR #305
LAKE BLUFF, IL 60044Signature: [Signature]Date Well Was Sealed: 4/28/05

For Office Use Only

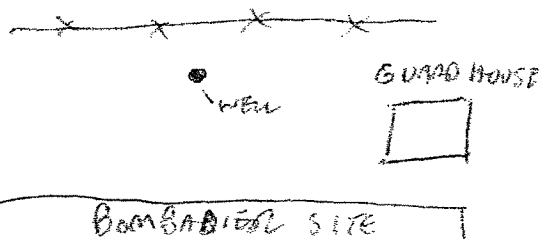
Sealing witnessed by: _____

Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate
North **N**

Indicate location of sealed well relative to two permanent landmarks

WELL SEALING FORM

Lake County Health Department
Environmental Health Services

For Office Use Only

File # _____

State ID # _____



Lake County
Health Department

3019 Grand Ave
Waukegan IL 60085
(847) 360-6740

121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1125

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location:

Well # (if applicable) 0-MC-MW-2

Street 180 S. KATHLEEN DR. City WAUKEGAN
Township _____ County LAKE Owner OML SUPER FUND SITE
Section 22 Twp. 45 (N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:

Type of Well: Drilled X Driven _____ Dug _____ Other _____
Total Well depth: 12.5 ft. Static level 4.0 ft. Diameter: 2.0 in./ft.
Formation clear of obstruction(s)? YES X NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 12.5 ft.
Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOIL
Upper 2 feet of casing/lining removed? YES X NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO _____ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO X

From: <u>12.5</u> ft.	To: <u>0</u> ft.	Material: <u>NEAT CEMENT GRANT</u>
From: _____ ft.	To: _____ ft.	Material: <u>2.5 gal</u>
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____

Contractor Information:

Name: TRACE - TRACE ENV. SVCS

License Number: _____

Address: 28913 HENRY DR. #305
LAKE BLUFF IL 60044Signature: [Signature]Date Well Was Sealed: 1/12/05

For Office Use Only

Sealing witnessed by: _____

Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate North N

Diagram showing the location of the sealed well relative to two permanent landmarks: POLE and GUARD HOUSE. The well is marked with a dot and labeled "well". A rectangular area is labeled BOMBARDIER SITE.

Indicate location of sealed well relative to two permanent landmarks

WELL SEALING FORM

Lake County Health Department
Environmental Health Services

For Office Use Only

File # _____

State ID # _____



Lake County
Health Department

3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

121 E. Grand Ave
Lake Villa IL 60046
(847) 365-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1125

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location:

Well # (if applicable) MW-75

Street 180 SEA HOLE DR. City WAUKEGAN
Township _____ County LAKE Owner DMC SUPER FUND SITE
Section 22 Twp. 45 (N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:

Type of Well: Drilled ☒ Driven _____ Dug _____ Other _____
Total Well depth: 15.0 ft. Static level 7.0 ft. Diameter: 2.0 (in) ft.
Formation clear of obstruction(s)? YES ☒ NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 15.0 ft.
Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOIL
Upper 2 feet of casing/lining removed? YES ☒ NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO ☒ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO ☒

From: <u>15.0</u> ft.	To: <u>0</u> ft.	Material: <u>NEAT CEMENT GRout</u>
From: _____ ft.	To: _____ ft.	Material: <u>4 gal</u>
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____

Contractor Information:

Name: TORRA-TRACE ENV. SVCS

License Number: _____

Address: 28913 HARMY DR. #305
LAKEVIEW RE, IL 60044Signature: [Signature]Date Well Was Sealed: 1/12/05

For Office Use Only

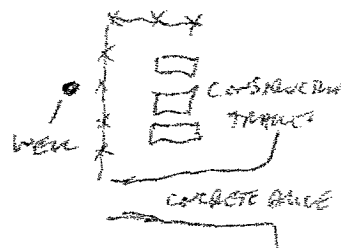
Sealing witnessed by: _____

Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate North **N**

Indicate location of sealed well relative to two permanent landmarks

WELL SEALING FORM
Lake County Health Department
Environmental Health Services



Lake County
Health Department

3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222

118 S. Main Street
Wauconda IL 60084
(847) 828-1120

For Office Use Only

File #

State ID #

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location: Well # (if applicable) MW-9D
Street 180 SETHORGE AVE. City WAUKEGAN
Township _____ County LAKE Owner OMC SUPERFUND SITE
Section 22 Twp. 45(N) Range 12 (E) 1/4 of the _____ 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:
Type of Well: Drilled X Driven _____ Dug _____ Other _____
Total Well depth: 34.0 ft. Static level 9.0 ft. Diameter: 2.0 (in) ft.
Formation clear of obstruction(s)? YES X NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 34.0 ft.
Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOIL
Upper 2 feet of casing/lining removed? YES X NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO X Was the pit properly eliminated? YES _____ NO X

Details of Plugging Starting at Bottom of Hole

From:	To:	ft.
34.0	0	ft.
		ft.
		ft.
		ft.
		ft.
		ft.
		ft.
		ft.

Well Disinfected? YES _____ NO _____
Material: NEAT LIGHT GREY
Material: 7 gal
Material: _____
Material: _____
Material: _____
Material: _____
Material: _____
Material: _____

Contractor Information:

Name: TERESA - PRICE ENV. SVCS

License Number: _____

Address: 28913 HENRY #305
LAKEVIEW, IL 60044

Signature: [Signature]

Date Well Was Sealed: 1/12/05

For Office Use Only

Sealing witnessed by: _____

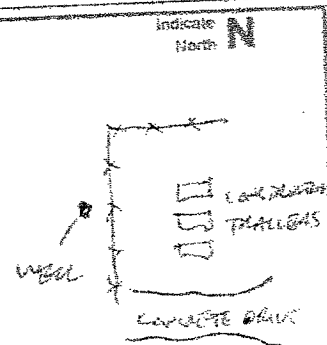
Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate location of sealed well relative to two permanent landmarks



WELL SEALING FORM

Lake County Health Department
Environmental Health Services

For Office Use Only

File #

State ID #



Lake County
Health Department

3810 Grand Ave
Waukegan IL 60085
(847) 380-5740

121 E. Grand Ave
Lake Villa IL 60046
(847) 355-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1125

This form shall be submitted to the Lake County Health Department when any water well, boring or monitoring well is sealed. Such wells and borings must be sealed not more than 30 days after they are abandoned and/or are no longer used to provide water, or are in such a state of disrepair that they have the potential for transmitting contaminants into an aquifer or otherwise threaten the public health or safety.

Property Location:

Well # (if applicable) EW-4

Street 180 SEAHORSE DR. City WAUKEGAN
Township _____ County LAKE Owner _____
Section 22 Twp. 45 (N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.)

Well Information:

Type of Well: Drilled ☒ Driven _____ Dug _____ Other _____
Total Well depth: 32.5 ft. Static level 6.0 ft. Diameter: 2.0 (in)/ft.
Formation clear of obstruction(s)? YES ☒ NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 32.5 ft.
Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOIL
Upper 2 feet of casing/lining removed? YES ☒ NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO ☒ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO ☒

From: <u>32.5</u> ft.	To: <u>0</u> ft.	Material: <u>NEAT CEMENT GROUT</u>
From: _____ ft.	To: _____ ft.	Material: <u>7gal</u>
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____

Contractor Information:

Name: TERRA-TRACE ENV. SVCS

License Number: _____

Address: 28919 HECKY DR. #305
LAKE BLUFF IL 60044Signature: [Signature]Date Well Was Sealed: 1/12/05

For Office Use Only

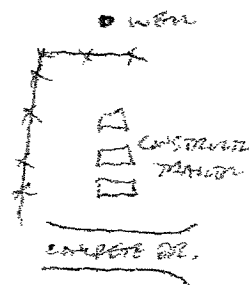
Sealing witnessed by: _____

Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate North **N**

Indicate location of sealed well relative to two permanent landmarks.

WELL SEALING FORM

Lake County Health Department
Environmental Health Services



Lake County
Health Department

3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

121 E. Grand Ave
Lake Villa IL 60046
(847) 366-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1125

For Office Use Only	
File #	_____
State ID #	_____

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Property Location:

Well # (if applicable) MW-10

Street 180 SEAHORSE DR. City WAUKEGAN
Township _____ County LAKE Owner DMC SUPER FUND SITE
Section 22 Twp. 45(N) Range 12(E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.)

Well Information:

Type of Well: Drilled ☒ Driven _____ Dug _____ Other _____
Total Well depth: 29.5 ft. Static level 8.0 ft. Diameter: 2.0 (in)/ft.
Formation clear of obstruction(s)? YES ☒ NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 29.5 ft.
Reason(s) for sealing well: EXCAVATION TO RECONFIRMATE SOIL
Upper 2 feet of casing/lining removed? YES ☒ NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO ☒ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO ☒

From: <u>29.5</u> ft.	To: <u>0</u> ft.	Material: <u>NEAT LEAKING GRANT</u>
From: _____ ft.	To: _____ ft.	Material: <u>6.5 gal</u>
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____
From: _____ ft.	To: _____ ft.	Material: _____

Contractor Information:

Name: TERRA-TRACE ENV. SVCS
License Number: _____
Address: 28913 HAWKEY DR. #305
LAKE BLUFF, IL 60044
Signature: [Signature]
Date Well Was Sealed: 1/12/05

For Office Use Only

Sealing witnessed by: _____

Date: _____

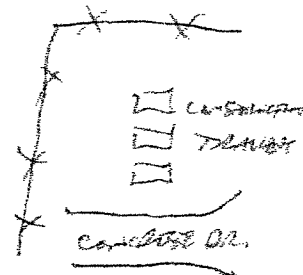
OR

Sealing verified by: _____

Date: _____

Indicate North **N**

● well



Indicate location of sealed well relative to two permanent landmarks

WELL SEALING FORM

Lake County Health Department
Environmental Health Services

For Office Use Only

File #

State ID #



Lake County
Health Department

3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

121 E. Grand Ave
Lake Villa IL 60048
(847) 366-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1126

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Property Location:

Well # (if applicable) MW-18

Street 180 SCATHOUSE DR. City WAUKEGAN
Township _____ County LAKE Owner BMC SUPERFUND SITE
Section 22 Twp. 45 (N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.) _____

Well Information:

Type of Well: Drilled ☒ Driven _____ Dug _____ Other _____
Total Well depth: 19.5 ft. Static level 8.0 ft. Diameter: 2.0 (in.)
Formation clear of obstruction(s)? YES ☒ NO _____ Depth to obstruction: _____ ft.
Original construction permit number (if known): _____ Depth to end of casing: 19.5 ft.
Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOIL
Upper 2 feet of casing/lining removed? YES ☒ NO _____ If NO, Reason: _____
Was the well located in pit? YES _____ NO ☒ Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO ☒

From:	To:	Material:
<u>19.5</u> ft.	<u>0</u> ft.	<u>NEAT CEMENT GRout</u>
_____ ft.	_____ ft.	<u>4 gal</u>
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____

Contractor Information:

Name: TRORA-TRACE ENV. SVCS

License Number: _____

Address: 28413 HENRY DR. #305Signature: [Signature]Date Well Was Sealed: 1/12/05

For Office Use Only

Sealing witnessed by: _____

Date: _____

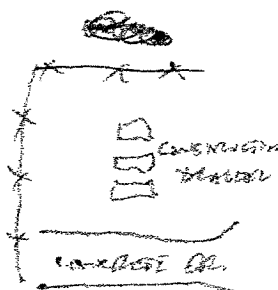
OR

Sealing verified by: _____

Date: _____

Indicate North **N**

• - well



Indicate location of sealed well relative to two permanent landmarks

WELL SEALING FORM

Lake County Health Department
Environmental Health Services

For Office Use Only

File #

State ID #



Lake County
Health Department

3010 Grand Ave
Waukegan IL 60085
(847) 396-8740

121 E. Grand Ave
Lake Villa IL 60049
(847) 396-6222

118 S. Main Street
Wauconda IL 60084
(847) 526-1125

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Property Location:

Well # (if applicable) WN-3

Street 180 SEAHORSE DR. City WAUKEGAN
Township _____ County LAKE Owner OMC SUPERFUND SITE
Section 22 Twp. 45(N) Range 12 (E) NE 1/4 of the NE 1/4 of the _____ 1/4

PERMANENT INDEX NO. (P.I.N.)

Well Information:

Type of Well: Drilled X Driven _____ Dug _____ Other _____Total Well depth: 32.5 ft. Static level 6.0 ft. Diameter: 3/4 (in.) ft.Formation clear of obstruction(s)? YES X NO _____ Depth to obstruction: _____ ft.Original construction permit number (if known): _____ Depth to end of casing: 32.5 ft.Reason(s) for sealing well: EXCAVATION TO REMEDIATE SOILUpper 2 feet of casing/lining removed? YES X NO _____ If NO, Reason: _____Was the well located in pit? YES _____ NO X Was the pit properly eliminated? YES _____ NO _____

Details of Plugging Starting at Bottom of Hole

Well Disinfected? YES _____ NO _____

From:	To:	Material:
<u>32.5</u> ft.	<u>0</u> ft.	<u>NEAT CEMENT GROUT</u>
_____ ft.	_____ ft.	<u>4.5 gal</u>
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____
_____ ft.	_____ ft.	_____

Contractor Information:

Name: TEARA-TRACE ENV. SVCS

License Number: _____

Address: 28719 HENRY DR #305
LAKE BLUFF IL 60044Signature: [Signature]Date Well Was Sealed: 1/12/05

For Office Use Only

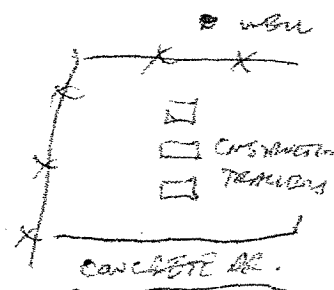
Sealing witnessed by: _____

Date: _____

OR

Sealing verified by: _____

Date: _____

Indicate
North **N**

Indicate location of sealed well relative to two permanent landmarks

TELEFAX TRANSMITTAL SHEET***SEVENSON ENVIRONMENTAL SERVICES, INC.******- MIDWEST DIVISION -***

8270 Whitcomb Street

Merrillville, IN 46410

Phone (219) 756-4686

Fax (219) 756-4687

Rec'd CRA

JAN 1 1 2004

DATE: 11 January 2005

TIME: 8:40 AM

OF PAGES: 13

TO: Tim Leo

COMPANY: CRA

TELECOPIER NUMBER: 847-336-9056

TELEPHONE NUMBER: 847-336-6552

FROM: **Steve Sharp****MESSAGE:**

Tim -

Monitoring well sealing permit application is attached. I spoke with Arnie Rapa this morning. The permit is being processed, but it will be a few weeks before the actual permit is mailed to us. He doesn't want to hold up the work, so we can go ahead and proceed on his verbal. He will be on-site tomorrow to spot-check the work.

- Steve

SENT BY: SES



**Sevenson
Environmental
Services, Inc.**

Mr. Arnie Rapa
Lake County Health Department
3010 Grand Avenue
Waukegan, IL 60085

January 4, 2005

Monitoring Well Sealing Permit Applications
Waukegan Manufactured Gas and Coke Plant Site
Waukegan, Illinois

Dear Mr. Rapa:

Pursuant to our recent phone conversation, Sevenson Environmental Services, Inc. (Sevenson) submits permit applications for eight (8) monitoring wells to be sealed/abandoned at the above-referenced site. We have also enclosed a check in the amount of \$624.00 to cover the permit fees, well sealing procedures, and a site plan showing the locations of the wells to be sealed.

Sevenson is the general contractor at this Superfund site. We will employ the services of Terra-Trace Environmental Services to perform the well(s) sealing. We have tentatively scheduled the work for the week of January 10th.

Sevenson appreciates your prompt response to our permit application. If you have any questions, please do not hesitate to call me at (219) 756-4686.

Very truly yours,
Sevenson Environmental Services, Inc.

Stephen E. Sharp
Project Manager

Attachments



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

☒ 3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

☐ 121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222

☐ 118 S. Main St
Wauconda IL 60084
(847) 525-1125

For Office Use Only

File #

State ID #

Approved by

Date

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLEMENT DEFENDANTS
Name FOR OPERABLE UNIT 2 OF THE
OMC SUPERFUND SITE
Address
WAUKEGAN, IL 60085
City State Zip
Telephone (847) 336 - 9056

2. Contractor Lic.#

NA
Name TERRA-TRACE ENVIRONMENTAL SERVICES
Address
28913 HERKY DR. # 305
LAKEBLUFF IL 60044
City State Zip
Telephone (847) 549 - 8002

3. Location - County

County LAKE City WAUKEGAN
Street 180 SEABRIDE DR. Township
Lot # Blk Subdivision Name
Section 22 Township 45 (N) Range 12 (E)
NE 1/4 Quarter of the NE 1/4 Quarter of the Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802827

4. Water Well Information

MW-15

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

b. The proposed well will supply water for a:	
<input type="checkbox"/>	1. Private water system (Serves an owner occupied residence)
<input type="checkbox"/>	2. Semi-private water system (Serves less than 25 persons)
<input type="checkbox"/>	3. Non-community water supply (Serves 25 or more non-residents)
<input checked="" type="checkbox"/>	4. Non-potable water well (specify): <u>MONITORING WELL</u>

- c. Diameter 2 Ft. (in.) Anticipated Depth 15 Ft. Proposed Aquifer UNCONSOLIDATED SAND
d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
e. Is the well to be sealed located in a pit? [] YES [X] NO
f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
g. Reason(s) for request to retain pit:
h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05
Date
[Signature]
Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services



3010 Grand Ave
Waukegan IL 60085
(847) 360-6740



121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222



118 S. Main St
Wauconda IL 60084
(847) 526-1125

For Office Use Only

File #

State ID #

Approved by

Date

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLEMENT DEFENDANTS
Name FOR OPERABLE UNIT 2 OF THE
OMC SUPERFUND SITE
Address WAUKEGAN IL 60085
City State Zip
Telephone (847) 336 - 9056

2. Contractor Lic #

NA
Name TERRA-TRACE ENVIRONMENTAL SERVICES
Name 28913 HICKY DR. #305
Address LAKE BLUFF IL 60044
City State Zip
Telephone (847) 549 - 8002

3. Location - County

LAKE City WAUKEGAN
Street 180 SEAFARSE DR. Township
Lot # 22 Blk 45 Subdivision Name
Section NE 1/4 Township 12 (N) Range 12 (E)
Quarter of the NE 1/4 Quarter of the Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD 000802827

4. Water Well Information

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

MW-1D

b. The proposed well will supply water for a:	
1. Private water system (Serves an owner occupied residence)	<input type="checkbox"/>
2. Semi-private water system (Serves less than 25 persons)	<input type="checkbox"/>
3. Non-community water supply (Serves 25 or more non-residents)	<input type="checkbox"/>
4. Non-potable water well (specify): <u>MONITORING WELL</u>	<input checked="" type="checkbox"/>

- c. Diameter 2 Ft. Anticipated Depth 30 Ft. Proposed Aquifer UNCONSOLIDATED SAND
d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
e. Is the well to be sealed located in a pit? [] YES [X] NO
f. If yes to "e." the pit will be eliminated by: [] Contractor [] Owner [] Retained
g. Reason(s) for request to retain pit:
h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05
Date
[Signature]
Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services



3010 Grand Ave
Waukegan IL 60085
(847) 360-6740



121 E. Grand Ave
Lake Villa IL 60046
(847) 356-6222



118 S. Main St
Wauconda IL 60084
(847) 526-1125

For Office Use Only

File #

State ID #

Approved by

Date

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLING DEFENDANTS
Name FOR OPERABLE UNIT 2 OF THE
OMC SUPERFUND SITE
Address
WAUKEGAN IL 60085
City State Zip
Telephone (847) 336-9056

2. Contractor Lic.#

NA
TERRA-TRACE ENVIRONMENTAL SERVICES
Name
28913176RY DR. #305
Address
LAKE BLUFF IL 60044
City State Zip
Telephone (847) 549-8002

3. Location - County

LAKE City WAUKEGAN
Street 180 SEABRIDGE DR. Township
Lot # Blk Subdivision Name
Section 22 Township 45 (N) Range 12 (E)
NE 1/4 Quarter of the NE 1/4 Quarter of the Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802827

4. Water Well Information

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

MW-95

b. The proposed well will supply water for a:	
1. Private water system (Serves an owner occupied residence)	<input type="checkbox"/>
2. Semi-private water system (Serves less than 25 persons)	<input type="checkbox"/>
3. Non-community water supply (Serves 25 or more non-residents)	<input type="checkbox"/>
4. Non-potable water well (specify): <u>MONITORING WELL</u>	<input checked="" type="checkbox"/>

- c. Diameter 2 Ft (in.) Anticipated Depth 15 Ft. Proposed Aquifer UNCONSOLIDATED SAND
d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
e. Is the well to be sealed located in a pit? [] YES [X] NO
f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
g. Reason(s) for request to retain pit:
h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served		Pump Cap gpm		Type of Storage Tank	
Gallons of Storage		Cut-in/Cut-out		Type of Facility	

1/03/05
Date
[Signature]
Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

☒ 3010 Grand Ave Waukegan IL 60085 (847) 360-6740
☐ 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222
☐ 118 S. Main St Wauconda IL 60084 (847) 526-1125

For Office Use Only

File #

State ID #

Approved by

Date

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLING DEFENDANTS
 Name FOR OPERABLE UNIT 2 OF THE
OMC SUPERFUND SITE
 Address
WAUKEGAN, IL 60085
 City State Zip
 Telephone (847) 336-9056

2. Contractor Lic.#

NA
TERRA-TRACE ENVIRONMENTAL SERVICES
 Name
28913 HERKY DR. #305
 Address
LAKE BLUFF IL 60044
 City State Zip
 Telephone (847) 549-8002

3. Location - County

LAKE City WAUKEGAN
 Street 180 SCARBOROUGH DR. Township
 Lot # Blk Subdivision Name
 Section 22 Township 45 (N) Range 12 (E)
NE 1/4 Quarter of the NE 1/4 Quarter of the Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802821

4. Water Well Information

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

MW-40

b. The proposed well will supply water for a:	
1. Private water system (Serves an owner occupied residence)	<input type="checkbox"/>
2. Semi-private water system (Serves less than 25 persons)	<input type="checkbox"/>
3. Non-community water supply (Serves 25 or more non-residents)	<input type="checkbox"/>
4. Non-potable water well (specify): <u>MONITORING WELL</u>	<input checked="" type="checkbox"/>

- c. Diameter 2 Ft/in Anticipated Depth 30 Ft. Proposed Aquifer UNCONSOLIDATED SAND
 d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
 e. Is the well to be sealed located in a pit? [] YES [X] NO
 f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
 g. Reason(s) for request to retain pit:
 h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05 Date
[Signature] Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

☒ 3010 Grand Ave Waukegan IL 60085 (847) 360-6740
☐ 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222
☐ 118 S. Main St Wauconda IL 60084 (847) 526-1125

For Office Use Only

File # _____
 State ID # _____
 Approved by _____
 Date _____

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLING DEFENDANTS
 Name FOR OPERABLE UNIT 2 OF THE
 OMC SUPERFUND SITE
 Address WAUKEGAN IL 60085
 City State Zip
 Telephone (847) 336 - 9056

2. Contractor Lic.#

NA -
 TERRA-TRACE ENVIRONMENTAL SERVICES
 Name
 28913 HERKY DR. # 205
 Address LAKE BLUFF IL 60044
 City State Zip
 Telephone (847) 549 - 8002

3. Location - County LAKE

City WAUKEGAN

Street 180 SEAFORSE DR.

Township

Lot #

Blk

Subdivision Name

Section

22

Township

45

(N)

Range

12

(E)

NE 1/4

Quarter of the

NE 1/4

Quarter of the

Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802821

4. Water Well Information

EW-4

a. Type of Well

Drilled	X
Driven	
Dug	
Other	

b. The proposed well will supply water for a:

	1. Private water system (Serves an owner occupied residence)
	2. Semi-private water system (Serves less than 25 persons)
	3. Non-community water supply (Serves 25 or more non-residents)
X	4. Non-potable water well (specify): MARI TAILOR WELL

c. Diameter 2 Ft. Anticipated Depth 30 Ft. Proposed Aquifer UNCONSOLIDATED SAND

d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed

e. Is the well to be sealed located in a pit? [] YES [X] NO

f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained

g. Reason(s) for request to retain pit:

h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served		Pump Cap gpm		Type of Storage Tank	
Gallons of Storage		Cut-in/Cut-out		Type of Facility	

1/3/05
 Date
 Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

For Office Use Only

☒ 3010 Grand Ave Waukegan IL 60085 (847) 360-6740
☐ 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222
☐ 118 S. Main St Wauconda IL 60084 (847) 526-1125

File # _____
 State ID # _____
 Approved by _____
 Date _____

PERMIT FEES: REQUIRED PER ARTICLE XII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLEMENT DEFENDANTS
 Name FOR OPERABLE UNIT 2 OF THE
 OMC SUPERFUND SITE
 Address WAUKEGAN IL 60085
 City State Zip
 Telephone (847) 336-9056

2. Contractor Lic.#

NA
 TERRA-TRACE ENVIRONMENTAL SERVICES
 Name
 28913 HERKY DR #305
 Address LAKE BLUFF IL 60044
 City State Zip
 Telephone (847) 549-8002

3. Location - County LAKE City WAUKEGAN
 Street 180 SEABRIDGE DR. Township
 Lot # Blk Subdivision Name
 Section 22 Township 45 (N) Range 12 (E)
 NE 1/4 Quarter of the NE 1/4 Quarter of the Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802827

4. Water Well Information

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

WN-3

b. The proposed well will supply water for a:	
	1. Private water system (Serves an owner occupied residence)
	2. Semi-private water system (Serves less than 25 persons)
	3. Non-community water supply (Serves 25 or more non-residents)
<input checked="" type="checkbox"/>	4. Non-potable water well (specify): MONITORING WELL

c. Diameter 27.5 Ft (in) Anticipated Depth 30 Ft Proposed Aquifer UNCONSOLIDATED SAND
 d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
 e. Is the well to be sealed located in a pit? [] YES [X] NO
 f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
 g. Reason(s) for request to retain pit:
 h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05
 Date
 Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

☒ 3010 Grand Ave
Waukegan IL 60085
(847) 360-6740

☐ 121 E. Grand Ave
Lake Villa IL 60048
(847) 356-6222

☐ 118 S. Main St
Wauconda IL 60084
(847) 526-1125

For Office Use Only

File #

State ID #

Approved by

Date

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address

PERFORMING SETTLEMENT DEFENDANTS
Name FOR OPERABLE UNIT 2 OF THE
OMC SUPERFUND SITE
Address
WAUKEGAN, IL 60085
City State Zip
Telephone (847) 336 - 9056

2. Contractor Lic.#

NA
TERRA-TRAC ENVIRONMENTAL SERVICES
Name
28913 HERBY DR. #305
Address
LAKE BLUFF IL 60044
City State Zip
Telephone (847) 549 - 8002

3. Location - County LAKE City WAUKEGAN
Street 180 SEABREE DR. Township
Lot # Blk Subdivision Name
Section 22 Township 45 (N) Range 12 (E)
NE 1/4 Quarter of the NE 1/4 Quarter of the

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802827.

4. Water Well Information

a. Type of Well	
Drilled	<input checked="" type="checkbox"/>
Driven	<input type="checkbox"/>
Dug	<input type="checkbox"/>
Other	<input type="checkbox"/>

OMC-MW-1

b. The proposed well will supply water for a:	
	1. Private water system (Serves an owner occupied residence)
	2. Semi-private water system (Serves less than 25 persons)
	3. Non-community water supply (Serves 25 or more non-residents)
<input checked="" type="checkbox"/>	4. Non-potable water well (specify): MONITORING WELL

c. Diameter 2 Ft. Anticipated Depth 15 Ft. Proposed Aquifer UNCONSOLIDATED SAND
d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
e. Is the well to be sealed located in a pit? [] YES [X] NO
f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
g. Reason(s) for request to retain pit:
h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05
Date
J. [Signature]
Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.



Lake County
Health Department

WATER WELL APPLICATION/PERMIT
Environmental Health Services

☒ 3010 Grand Ave Waukegan IL 60085 (847) 360-6740
☐ 121 E. Grand Ave Lake Villa IL 60046 (847) 356-6222
☐ 118 S. Main St Wauconda IL 60084 (847) 526-1125

For Office Use Only

File # _____
 State ID # _____
 Approved by _____
 Date _____

PERMIT FEES: REQUIRED PER ARTICLE XIII. () CONSTRUCTION (X) SEALING () DEEPENING

Complete this application and return it to this Department with the appropriate fee. The application must be approved prior to any work being conducted on the well. Permit approval is based on all information provided. Any changes in the well location or other information provided without approval by this office may result in permit revocation.

1. Well Owner- Current Mailing Address
 PERFORMING SETTLEMENT DEFENDANTS
 Name FOR OPERABLE UNIT 2 OF THE
 OMC SUPERFUND SITE
 Address WAUKEGAN IL 60085
 City State Zip
 Telephone (847) 336 - 9056

2. Contractor Lic.# NA
 TERRA-TRAC ENVIRONMENTAL SERVICES
 Name
 28913 HERKY DR. #305
 Address LAKE BLUFF IL 60044
 City State Zip
 Telephone (847) 549 - 8002

3. Location - County LAKE City WAUKEGAN
 Street 180 SEABREE DR. Township
 Lot # Blk Subdivision Name
 Section 22 Township 45 (N) Range 12 (E)
 NE 1/4 Quarter of the NE 1/4 Quarter

PERMANENT INDEX NO. (P.I.N.) EPA ID ILD000802827

4. Water Well Information

a. Type of Well
 Drilled ☒
 Driven ☐
 Dug ☐
 Other ☐

OMC-MW-2

b. The proposed well will supply water for a:
 1. Private water system (Serves an owner occupied residence)
 2. Semi-private water system (Serves less than 25 persons)
 3. Non-community water supply (Serves 25 or more non-residents)
 X 4. Non-potable water well (specify): MONITORING WELL

c. Diameter 2 FT. Anticipated Depth 30 Ft. Proposed Aquifer UNCONSOLIDATED SAND
 d. Is there another well on the property? [] YES [] NO If YES, the well will be: [] Used [] Sealed
 e. Is the well to be sealed located in a pit? [] YES [X] NO
 f. If yes to "e," the pit will be eliminated by: [] Contractor [] Owner [] Retained
 g. Reason(s) for request to retain pit:
 h. Is public water available? [] YES [] NO If yes, distance to the public supply _____ Ft.

5. Complete this section if the well is to serve a semi-private or non-community supply.

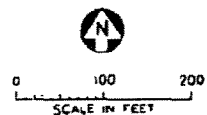
# People Served	Pump Cap gpm	Type of Storage Tank
Gallons of Storage	Cut-in/Cut-out	Type of Facility

1/3/05
 Date
 [Signature]
 Owner/Water Well Contractor

Along with this application you must provide a drawing of the property in accordance with Article XV.

Monitoring Well Sealing/Abandonment Procedures
Waukegan Manufactured Gas and Coke Plant Site

1. Fill the riser and screen with neat cement grout starting from the base of the screen. Grout shall be placed by pumping under pressure through a tremie pipe. After 6 inches of grout has been placed in the bottom of the well, the discharge point of the tremie pipe shall be maintained at least 3 inches below the grout surface as the tremie pipe is gradually raised to the top of the well while injecting grout.
2. After the grout has been placed, remove the protective casing and posts. Remove all riser and piping above 3 feet below ground surface and backfill area to existing grade.



- MONITORING WELL
(S)-SHALLOW (D)-DEEP
- PIEZOMETER
- PUMPING WELL
- LIGHT POLE
- POWER POLE
- WCD SITE BOUNDARY
(Based on 3/2/48 CWC Plat Plan)
- LEGAL PROPERTY LINE
(Based on 11/4/71 Plat of Survey,
Trucker Engineering Office)
- FENCE LINE
- EDGE OF WATER
- UNDERGROUND WATER LINE UTILITY
- UNDERGROUND GAS LINE UTILITY
- UNDERGROUND TELEPHONE UTILITY
- UNDERGROUND SANITARY SEWER
- UNDERGROUND STORM SEWER
- UNDERGROUND ELECTRICAL UTILITY

NOTES:

- NOTES:
1. ALL UTILITY LOCATIONS ARE APPROXIMATE. CONTRACTOR SHALL VERIFY ACTUAL LOCATIONS IN ANY AREA SUBSURFACE WORK IS TO BE PERFORMED.
 2. UTILITY INFORMATION SHOWN ON THIS SHEET IS AVAILABLE FROM ENGINEER UPON REQUEST.

					SOIL REMEDIAL ACTION		BARR PROJECT NO 13/49-015JSL075	
							CLIENT PROJECT NO.	
					EXISTING SITE CONDITIONS			
NO.	BY	CHK	APP	DATE	REVISION DESCRIPTION	JNL NO C-02		REV NO 0